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AUTHOR Parker, Jenni
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ABSTRACT

Project KIDS, an early intervention program for handicapped children which emphasizes parent involvement, is described. The project identified basic competencies for parenting developmentally delayed children. Fourteen top rated competencies were included on the Parent Self Appraisal Inventory (PSAI) which was administered to 92 parents. Results showed high agreement between parents of the younger children and parents of the older children in the identification of needs and strengths. In the selection of activities, the most popular categories were reading books and performing other individual tasks. Subject areas most frequently selected for group meetings included language acquisition, normal child development, and children's behavior. A sample PSAI is included in appended material. (CL)

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DALLAS INDEPENDENT SCHOOL DISTRICT

INDIVIDUALIZED COMPETENCY-BASED PROGRAMMING FOR PARENTS OF YOUNG HANDICAPPED CHILDREN

Project KIDS
Jenni Parker

January, 1980

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Individualized Competency-Based Programming
for Parents of Young Handicapped Children

Project KIDS, an early intervention program for the handicapped in the Dallas Independent School District, Dallas, Texas, emphasizes parent involvement. The KIDS program is based on the underlying premise that each member of the family with a developmentally delayed child has a deep and abiding concern for the well being of that child. It is further assumed that each person in the family unit influences the other and that no change can be made in one without affecting the other. The family is seen by KIDS in its broadest definition and includes "...any person who has an ongoing influence on the child." This would include parents, siblings, grandparents, sitters and other caregivers. Although the parents are the primary caregivers of the child it is the intent of KIDS to involve as many of the other "family" members in the program as practicable.

KIDS is developmentally based and programmed within the conceptual framework of the natural developmental progression of children. Within this context, the program's definition of education is derived. "Education" is seen in its broadest definition and may be described as "...any intervention to facilitate the natural development of children." Parents, then, are the prime interveners or educators and have the most influence on the development of their children. This intervention begins when the child is born and continues to influence the child throughout his life. Since KIDS and the parent are intervening in the child's natural developmental processes, KIDS is assuming a grave responsibility of assuring that this intervention is

soundly based. A parent education program centering on the growth, development and management of children will be an integral part of the project.

To improve parenting skills, a training program was designed to integrate parents into primary instructional roles. KIDS views parents as "people with children." Parents have the same basic needs for personal fulfillment as a person without children. Parents have the need to feel secure, loved, competent, respected and accepted as individuals. It is generally accepted that, if a person does not view himself as an adequate and worthwhile human being, he cannot function adequately in his parenting role. Parents, then, are first people, and secondly parents and programs for parents must give prime consideration to the needs of the individuals involved.

Although the central issue of the program is the optimization of the child's developmental processes it is KIDS desire to improve the quality of life for each member of the family. With these considerations in mind, KIDS has designed a family involvement approach which has the flexibility to meet the needs of the various individuals involved. Parents of children served in Project KIDS have widely diverse educational, cultural, and economic backgrounds. Some of the parents can not read fluently and some of the parents have graduate degrees. Some of the parents have traveled widely and other have always lived in the current neighborhood. All of our parents are scattered over a 360 square mile area in an urban setting. This diversity has created the need for a flexible family involvement approach with specific goals which are as varied as the individuals involved. The activities used encompass a wide variety of techniques which include non-reading options as well as options which require reading of sophisticated materials. Large group, one-to-one sessions, in-home sharing, as well as independent study formats

are used. The techniques used are governed by the needs and choices of the individual family members.

Parent involvement in special education is relatively recent and there is a paucity of information for planning program development. There has been little effort toward obtaining systematic data in the general area of parental involvement, and in the absence of such data, tradition, previous experience or professional expertise prevails. To develop a program for parents the project management utilized an approach based on identified competency levels and priorities of individual parents. This approach stemmed from six basic assumptions:

1. There exists a set of parent competencies and priorities for which there is a reasonable degree of consensus at a given point in time.
2. The set of competencies and priorities vary across individual parents according to time, economics, socio-cultural variables, educational level, etc.
3. The set of competencies and priorities deemed appropriate by parents and by professionals will not always be the same.
4. Instructional programming for parent involvement activities should reflect the accepted competencies and priorities.
5. There exist alternative ways and means to program individually for parents in terms of accepted competencies and priorities.
6. The outcomes of competency based programming will be improved parenting.

Procedures

To develop a program for the individual needs of each parent, a step-by-step process was implemented, beginning with a needs assessment survey. General needs were determined through the identification and refinement of a list of basic competencies pertinent to the parenting of developmentally delayed children. The list of competencies was submitted to groups of parents

and professionals for prioritization through a process of rank ordering from most important to least important. Top ranked competencies were then selected and stated as items on the Parent Self-Appraisal Inventory (PSAI), an instrument with which parents rated their level of competence. For each item on the PSAI, several training activities were specified to correspond to the needs of parents (as identified by the parents' scaled responses). Individualized training programs were designed by the parents, who selected activities which were then incorporated into parent MAPs (Mini Activity Plans). General needs were assessed through a prioritization study involving the rank ordering of 69 competencies pertinent to the parenting of handicapped children. As a result of the prioritization study, the Parent Self-Appraisal Inventory consisted of 14 items representing the knowledges, attitudes and skills which were ranked as most essential by parents participating in the competency prioritization study. The competencies were written in the form of statements, and parents were asked to respond to each item by selecting the most appropriate answer on a three point scale. The values assigned to each rating were:

1 = Stronger area
2 = Average competence
3 = Weaker area

Not only did the scale allow for numerical scoring, but it was also designed to correspond to the number of training activities selected by the parent. For each item on the inventory, a list of training activities was devised to aid the parent in improving competence in that area. These activities were designed to increase the level of mastery in each of the competencies. These alternative activities included a wide range of levels of complexity and diverse learning formats. The activities, such as reading

a book, participating in small group activities, watching films or videotapes and etc., were selected by parents and incorporated into individualized competency based programs for the parents or parent MAPs (Mini Activity Plans). If parents rated themselves as average on an item, then two activities were chosen from the list corresponding to that competency. If parents rated a competency as a stronger area, then only one activity was selected. But if the competency was rated as a weaker area, then three activities were chosen. A copy of the PSAI and an example of the list of activities for one of the competencies are located in the Appendix. The competencies were written in the form of statements, and parents were asked to respond to each item by selecting the most appropriate answer on a three point scale. The competencies were:

1. Knows and can recognize normal developmental progress.
2. Can use everyday activities as learning opportunities for the child.
3. Can set goals for the child which are realistic for the child's abilities.
4. Can give the child a stable home life.
5. Can set rules and limits for the child's behavior and consistently enforce them.
6. Can build the child's self-concept.
7. Can find help or special services for the child.
8. Can accept the child as a unique and valuable individual.
9. Understands the disability and special needs resulting from the handicap.
10. Can get other family members involved in the care and education of the child.
11. Can teach the child skills in daily living such as dressing, eating, toilet training and grooming.

12. Can provide good health care including a balanced diet, home safety, cleanliness and medical attention.

13. Can make plans for the future of the child.

14. Is aware of own feelings about the child and the child's handicap.

The PSAI was administered to parents who were actively involved in the program during the fall, 1978. To accomodate the large number of parents in Project KIDS (number of classrooms increased from 8 to 29) parent activities were changed to a teacher-directed program rather than a one-to-one interaction between parents and parent liason. The Dallas Public Library staff were given a bibliography of books on the PSAI in order to facilitate distribution of reading materials. Teachers were to administer the PSAI to 154 in the school bas program and 60 in the home and center program. The sample included 92 parents or families, with 35 from the home and center program (children ages 0-2 years) and 57 from the school-based program (children ages 3-6 years). The 92 parents participating responded as follows:

1. Knows and can recognize normal developmental progress.

   45 chose competency
   39 chose group meeting

2. Can use everyday activities as learning opportunities for the child.

   44 chose competency
   31 chose group meeting with language specialist

3. Can set goals for the child which are realistic for the child's abilities.

   42 chose competency
   20 chose group meeting
   Others chose consultation with teacher or staff

4. Can give the child a stable home life.

   23 chose competency
   Activities at home with family

5. Can set rules and limits for the child's behavior and consistently enforce them.

   51 chose competency
   28 chose group meetings
   Others chose readings.

6. Can build the child's self-concept.

   34 chose competency
   23 chose activities at home or readings

7. Can find help or special services for the child.

   40 chose competency
   28 wanted parent buddy

8. Can accept the child as a unique and valuable individual.

   18 chose readings
    5 chose camping

9. Understands the disability and special needs resulting from the handicap.

   16 chose readings

10. Can get other family members involved in the care and education of the child.

    18 chose family activities

11. Can teach the child skills in daily living such as dressing, eating, toilet training and grooming.

    22 chose kits for home use

12. Can provide good health care including a balanced diet, home safety, cleanliness and medical attention.

    28 chose home activities

13. Can make plans for the future of the child.

    28 chose conferences with parent of older child

14. Is aware of own feelings about the child and the child's handicap.

    19 chose readings

For each competency, a list of training activities was devised to aid the parent in improving competence in the area.

For implementing the competency based program for each parent a management devise similar to the Individualized Education Program (IEP) required

for students was developed. This devise is called the Mini Activity Plan (MAP) and was used by program staff to structure administratively the implementation of parent programming. The MAP lists the parent training activities for each parent according to three areas of need based on the results of the PSAI.

This was the third year that parent needs were investigated through self-assessment procedures. This study examined the needs identified through parent self-assessment, the preferences exhibited by parents in selecting training activities and the reactions of parents to the program.

Results

All teachers reported that the Parent Self-Appraisal Inventory was administered to some or all of the parents of children in their classrooms. Teachers expressed a number of problems with the parenting program; complaints concerned the areas of insufficient training to adequately implement the program, lack of time for both teachers and parents, and negative reactions from some parents.

Results of the study showed that there was high agreement between parents of the younger children (ages 0-2 years) and parents of the older children (ages 3-6 years) in the identification of needs and strengths. According to responded on the self-appraisal inventory, these areas were:

NEEDS	STRENGTHS
Can set goals for the child which are realistic for the child's abilities.	Can provide good health care including a balanced diet, home safety, cleanliness and medical attention.
Can set rules and limits for the child's behavior and consistently enforce them.	Can accept the child as a unique and valuable individual.
Can use everyday activities as learning opportunities for the child.	Can give the child a stable home life.
Can make plans for the future of the child.	

In the selection of activities, the most popular categories of activities were reading books and performing other individual tasks. Bimonthly group meetings were conducted on competencies reported as high-priority needs on the PSAI. Attendance was heavy initially but diminished to poor representation of the parent population. Individualized programming focused on reading books, and family involvement activities at home. Subject areas most frequently selected by parents concerned: language acquisition, normal child development, parent as a teacher, children's behavior. Results also showed that parents held highly favorable attitudes toward the Project KIDS program. Parents indicated they were enthusiastic about the parent training program and expressed a desire to continue involvement while expanding the activities.

Conclusions

The first step in programming for parents is defining the accepted competencies and priorities. A central issue here is the extent of agreement and disagreement about competencies and priorities, but the intent is to reach a balance between the needs and concerns of both parents and professionals. Difficulties with implementation were evident in certain aspects of the program. Because of the diverse methods and reactions of the teachers to the parenting program, differing types and degrees of implementation were reported by the teacher. Also circumstances involved in the administration of the PSAI resulted in lack of uniformity in parent activity procedures. Regardless of the set of competencies for a given pa.. nt, a continuum of specific instructional activities within a conceptual framework can be developed for working toward competency mastery.

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For further information see the following:

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Carter, Jamie L. and Macy, Daniel J. Project KIDS Study of Parenting Comoetencies, Report No. SP 78-105-52-08, Department of Research and Evaluation, Dallas Independent School District, Dallas, Texas, July, 1978.

Macy, Daniel J. Project KIDS Child Expectations of Parents and Professionals, Report No. SE 77-064-65-8. Department of Research and Evaluations, Dallas Independent School District, Dallas, Texas, June, 1977.

Appendix

PARENT SELF-APPRAISAL INVENTORY

Read each statement and then circle the answer which best describes your feelings. There are no right or wrong answers.

Circle your answers according to this scale:

1. I feel good about myself in this area and need little or no extra help.
2. I know something but would like to know more in this area.
3. I would like to know a lot more in this area.

Stronger Area	Average	Weaker Area		
1	2	3	1.	Knows and can recognize normal developmental progress.
1	2	3	2.	Can use everyday activities as learning opportunities for the child.
1	2	3	3.	Can set goals for the child which are realistic for the child's abilities.
1	2	3	4.	Can give the child a stable home life.
1	2	3	5.	Can set rules and limits for the child's behavior and consistently enforce them.
1	2	3	6.	Can build the child's self-concept.
1	2	3	7.	Can find help or special services for the child.
1	2	3	8.	Can accept the child as a unique and valuable individual.
1	2	3	9.	Understands the disability and special needs resulting from the handicap.
1	2	3	10.	Can get other family members involved in the care and education of the child.
1	2	3	11.	Can teach the child skills in daily living such as dressing, eating, toilet training and grooming.
1	2	3	12.	Can provide good health care including a balanced diet, home safety, cleanliness and medical attention.
1	2	3	13.	Can make plans for the future of the child.
1	2	3	14.	Is aware of own feelings about the child and the child's handicap.

Competency Areas	Level of Mastery	Suggested Activities	Activities to be Completed
1.0 Knows and can recognize normal developmental progress.		1.1 Attend an informal group with a child development specialist. 1.2 Participate in a game on developmental milestones with a small group of parents. 1.3 View a videotape of your own child and discuss his development with a staff member. 1.4 View filmstrip series: The First Eighteen Months: From Infant to Toddler. 1.5 View filmstrip series: How the Average Child Behaves From Birth to Age Five. 1.6 Discuss with the Director of Nursing the administration of the Developmental Screening Inventory by Hilda Knoblock. 1.7 Assess your child on the KIDS Inventory of Development and discuss your results with a staff member. 1.8 View a video tape demonstrating the administration of the Bayley Infant Scales to an infant. Discuss the tape with the Director of Nursing. 1.9 Observe your child's development over a period of several weeks. 1.10 Attend a parent cluster meeting to discuss developmental stages. 1.11 Review a selected group of developmental scales and discuss them with staff members. 1.12 Refer to the wheel device in A Developmental Approach to Case Finding and read pp. 52-55. 1.13 Discuss the stages of development in language acquisition with a speech and language clinician.	

Competency Areas	Level of Mastery	Suggested Activities	Activities to be Completed
1.0 (continued)		1.14 View a film: Piaget's Developmental Theory-The Growth of Intelligence in the Preschool Years. 1.15 Read one or all of the following selections: As Your Child Grows: The First Eighteen Months Your Child from 1 to 3 Picturing Development Your Child from 3 to 4 Your Child from 1 to 6 Isn't It Wonderful How Children Learn 1.16 Read on of the following: Thinking is Child's Play by Evelyn Sharp. Teach Your Baby by Genevieve Painter. 1.17 Read one or all of the following books: Infants and Mothers - Differences in Development by T. B. Brazelton. Toddlers and Parents: A Declaration of Independence by T. B. Brazelton The First Three Years of Life by Burton L. White The First Five Years of Life by Arnold Gesell. Infant and Child in the Culture of Today by Gesell, Ilg and Ames.	

Explanations of suggested activities:

1.1 An informal visit with a child development specialist may be scheduled. Normal development will be presented and key milestones will be reviewed to help you understand the sequence of these stages in your own child. These may be scheduled during morning or evening.

1.2 Games allowing practice in the understanding of developmental milestones will be scheduled. (Morning or evening group games.)

1.3 A videotape of your own child will be developed. A session will be scheduled for you to discuss the developmental milestones demonstrated by your child on the tape with a child development specialist.

1.4 The First 18 Months - Parents' Magazine Films, Inc.

This filmstrip set examines an infants' development during the first year and one half of life. They focus on needs all babies have, the similar developmental stages they go through and the differences each infant has that make up his or her individuality.

1.5 View How An Average Child Behaves - From Birth to Age Five.

Parents' Magazine Films, Inc. This series of filmstrips is designed to give caregivers insights into the predictable developmental stages young children pass through and the characteristics they will display.

1.6 This is a screening inventory that covers age range 1 to 18 months and provides for behavior assessment while baby is in different positions, handling certain objects. Maturity level can be assessed and evaluated for developmental or diagnostic work later on.

1.7 You will be taught how to assess your child's progress on the KIDS Inventory of Development. Following your completion of the inventory, you may discuss the results with a staff member.

1.8 View a videotape demonstrating the administration of the Bayley Infant Scales. Discuss the developmental milestones measured by the scale with the Director-Nursing.

1.9 Observe your child's development over a period of several weeks. Decide what it is you want to observe. (Example: child's play, child's art, child's language.) Keep record of observations, journal or collection of art work.

1.10 This discussion group is to help parents understand their child's level of development as compared to normal development. Everyday activities may be designed for your child's level of development.

1.11 A selection of developmental scales will be provided for you to explore. An informal discussion with staff members will be scheduled following your review of the scales.

1.12 Behaviors of normal development of infants from 1 to 36 months of age are described. Also, the use of the wheel device, "Guide to Developmental Milestones", found in the back book cover is discussed. This small device can be easily carried and quickly referred to as a guide in describing specific behaviors for months of normal development. The back of the wheel also gives information on factors that may require referral to medical attention. A Developmental Approach to Casefinding, "Guide to Normal Milestones of Development - A New Wheel Device", may be purchased from Superintendent of Documents, U. S. Government Printing Office, Washington, D.C., 20402. Price, $1.50 postpaid.

1.13 A conference can be arranged at parent convenience to discuss and come to understand what is considered to be normal or expected language development of children. Parents and teacher can more closely examine and determine child's place in development by understanding (from a model of language development presented) that development occurs in stages and that certain tasks should be occurring in those stages. Use of a guide may be helpful: Language Development of Exceptional Children, Love, Mainord, and Mayler, 1976, Charles C. Thomas, publisher, Chp. 10, "Parent's Role in Fostering Growth and Development in Exceptional Children," pp. 208-225.

1.14 The name of this film is Piaget's Developmental Theory- The Growth of Intelligence in the Preschool Years. It is 31 minutes in length and shows 3 to 6 year-olds performing tasks which reveal how they think as they sort objects, put them in one-to-one order and arrange them in order of size. It illustrates developmental changes. 1972 UTD Library 0116.

1.15 These easy-to-read publications (available from the Government Printing Office) highlight the development and expectations for normal children at different age levels. Health, safety, nutrition, and special problems are also dealth with.

Read As Your Child Grows: The First Eighteen Months, Child Study Press, 1955. This 27 page booklet describes the first eighteen months of normal development.

Read Your Child From 1 to 3: DHEW Publication (OCD) 73-56 is designed for quick, easy reading and covers information of child development.

Read Your Child From 3 to 4, 446-1976.

Read Your Child From 1 to 6 (OCD) 76-300-26.

Read Picturing Development, 105-76-1178.

1.16 Thinking Is Child's Play, Evelyn Sharp(E. P. Dutton, 1969). The first part of the book is devoted to a theoretical overview of how young children learn to think. The second part of the book contains twenty-two beginning games and eighteen advanced games which will teach logical thinking to young children. These mind-stretching games can be played by a mother and child using the most ordinary materials, such as playing cards, babyfood jar tops, scotch tape, paper plates, napkins, string, and spools.

Teach Your Baby, Dr. Genevieve Painter. New York: Simon and Schuster, 1971. A tested program of simple daily activities for infants and small children, designed to develop learning abilities to the fullest potential. Suggests activities for newborns to children approximately 36 months.

1.17 Infants and Mothers - Differences in Development by T. Berry Brazelton, M.D., Delacorte Press, 1969. This book describes the variations of normal infant development during the first year of life in three different babies: active, quiet, and average. Each parents' reactions are also described as each child reaches the landmarks of infance.

Toddlers and Parents: A Declaration of Independence, by T. Berry Brazelton, M.D., Delacorte Press, 1974. This book describes those critical months between one and two and a half years. The author explores the child's struggle for independence and the parents' struggle for patience and understanding in real-life families. Dr. Brazelton encourages parents and professionals to both survive and enjoy the struggles with children of this critical age.

The First Three Years of Life by Burton L. White, Prentice-Hall, Inc., 1975. This book helps parents understand their children by dividing these areas: emotional, social, language, motor, and intelligence. Dr. White firmly believes the first three years are the most crucial in the educational development of the child.

The First Five Years of Life by Arnold Gesell, Harper & Row, 1940. This book is a classic concerning child development for the first five years. Gesell, with several other well known doctors and educators, conducted a "penetrating and realistic study" concerning normal child development. The information in this book is the result of this study.

Infant and Child in the Culture of Today, revised edition, Arnold Gesell, M.D., Frances L. Ilg, M.D., and Louise B. Ames, Ph.D. New York: Harper & Row, 1974. This book deals primarily with the growth characteristics of the infant and child and outlines specific techniques for effective guidance and wise psychological care.